

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |                          |  |   |   |
|--|---|--------------------------|--|---|---|
| <b>NAME OF FILER</b><br>Dave Jones for Attorney General 2018 |   |                          | <b>Date of This Filing</b> 05/26/2017  | Date Stamp<br><br><br><br><br><br><br>Page 1 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)486-9399               | <b>I.D. NUMBER</b> (if applicable)<br>1380405 |                          | <b>Report No.</b> 052617-4   |   |   |
| <b>STREET ADDRESS</b>  |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>Sacramento                                    | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95864 | <b>No. of Pages</b> 3  |   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 05/22/2017    | Four Sisters Inns<br>Monterey, CA 93940  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$7,000.00      |
| 05/22/2017    | Monterey Peninsula Surgery Center, LLC<br>Monterey, CA 93940                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$300.00        |
| 05/22/2017    | Monterey Peninsula Surgery Center, LLC<br>Monterey, CA 93940                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$6,700.00      |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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| <b>STREET ADDRESS</b>  |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>Sacramento                                    | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95864 | <b>No. of Pages</b> <u>3</u>   |   |   |

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|---------------|--|---|---|-----------------|
| 05/22/2017    | Wellspring Associates, Inc.<br>Monterey, CA 93940  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$300.00        |
| 05/22/2017    | Wellspring Associates, Inc.<br>Monterey, CA 93940  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$6,493.00      |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

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| <b>STREET ADDRESS</b>  |   |                          |  |   |   |
| <b>CITY</b><br>Sacramento                                    | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95864 |  |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: